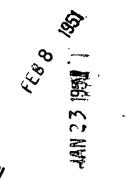
No. 300	FLED DE	C 19 :350		VISION OF HE ARD CERTII			Stat	e File No	41	724
	BIRTH NO		_ REG. DIST.	NO. 274	PRIMARY REG.	کے.DIST. NO	052 Reg		(-	5
,804	a. COUNTY	TH TTIS			2. USUAL I	residence MISSOURI	(Where deceased	lived. If ins	ETTIS	idence befor definition
/ 8	b. CITY (If setted so OR TOWN SEDA	LIA	township		TOWN	utside corporate lin SEI	DALIA		ehip) VOL	
RECORD	d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 1100 FAST 5th				d. STREET ADDRESS	510 WES	al, sive location) ST 4th		0	
	3. NAME OF DECEASED (Type or Print)	a. (First) JAMES		. (Middle) MARVIN	c. (Les L.(ong	4. DATE OF DEATH	(моль) Эес 5.	(Day) 1950	(Year)
NEN	<u> </u>	COLOR OR RACE		EVER MARRIED, IVORCED (Specify)	1	8. DATE OF BIRTH 9. A Feb.11,1899		and of more		MOER II RES. are Min.
PERMANENT	10a. USUAL OCCUPATIO done during most of working Postman	N (Give kind of work)	19b. KIND OF BUSINESS OR IN- DUSTRY U.S.Postoffice		11. BIRTHPLACE (State or foreign of Pettis County		y, Mo.		12. CITIZE USA	NOF WHAT
4	13a. FATHER'S NAME Frederick		Da	иотнек's maiden	Barley]	Eunice I	ong	E	
BLACK INK-MAKE	15. WAS DECEASED EVE (Yee, no, or unknown) (If	R IN U.S. ARMED F	ORCES? 16. S	COCIAL SECURITY NO.			NATURE OR I			oness ia,Mo
	18. CAUSE OF DEATH Enter only one cause per- line for (a), (b), and (c)	J. DISEASE OR CO DIRECTLY LEAD!	NDITION NG TO DEATH*(MEDICAL CERTIFICATION IDITION G TO DEATH*(a) CENTURY CINCOLOR						BETWEEN ND DEATH
	This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis-	ANTECEDENT CA Morbid conditions rise to the above ca the underlying cau	if any, giving DUE TO (b) Urrman Delegrates use (a) stating e last.							
DING	ease, injury, or complica- tion which caused death.	II. OTHER SIGNIF Conditions contributed to the disease	ICANT CONDITION	nut not	<u>.</u>		<u></u>	4	23	
UNFADING	19a. DATE OF OPERA- TION	196. MAJOR FIND			· ·	20. AUTO	PSY7			
PLAINLY—USING 1	21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 2	Ib. PLACE OF INJ 10ms, farm, factory,	URY (e.g., in or about street, office bidg., ess.)	21c. (CITY, TO)	WN, OR TOWNS	IIP) (C	CYTNUO		ATE)
	21d. TIME (Month) OF INJURY		Hour) 21e, IN. WHILE AT WORK	URY OCCURRED NOT WHILE AT WORK	21f. HOW DID	INJURY OCCUR	7			
VINIX	22. I hereby certify that I ettended the deceased from a ; Way 600 , 18 , that I last saw the deceased alive on , 19 , and that death occurred at 4:30 from the causes and on the date stated above.									
3 PLA	Za. SIGNATURE	Dan Ste	uRuele	(Degree or title)	Z3b ADDRESS	Ω	tes Co.		23c. DATI	
WRITE	24a. BURIAL, CREMA- TION, REMOVAL (Breefly) Burial	246. DATE 12-9-3		MONIAL	IARK	1 (8	ETION (City, to	wn; or coun	0,	(State)
· ·	Dec. 121793	REGISTRAR'S SI	assiture and	MART	25. FUNERAL	UKUN!	SICHATURE	dali	OPE 83	o .
L		- //	/(Lie	emed Embélader's S	tatement on Rev	erse Side)				



RECEI	VEC)
DISTRICT HEALTH	OFFICE I	N
E2.1 4 1		

District File Number

STATEMENT BY LICENSED EMBALMER

I	hereby certify the	at the body	whose name is	recorded or	n the reverse	side of t	his certificate	was embair	med by me	, or	by
			***************************************	*****************	*************************	**************	,				

working under my personal supervision.

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.